

217116

STATE OF SOUTH CAROLINA

(FORM 1)

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2009-237-T

If this is your first time filing an application with the PSC, you will not
have a Docket Number. The Commission will assign one to you. If you
have filed with the Commission before, a Docket Number was assigned
and should be entered above. 429 4758

(Please type or print)

Submitted by: Arnold Washington
Address: 183 Trojan Lane
Forest City, NC 28043

Telephone: 866-288-8801
Fax: 828-248-1547
Other: _____
Email: reonda@bellsouth.net

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

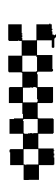
- | | |
|---|--|
| <input type="checkbox"/> Application – Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input checked="" type="checkbox"/> Application – Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application – Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application – Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application – Class E Household Goods | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application – Class E Hazardous Waste | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Name Change on Certificate | <input type="checkbox"/> Other: <u>jos</u> |

RECEIVED

NOV 17 2008

PSC SC
DOCKETING DEPT.

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.



FORM C-AC

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Attn: Docketing Department

101 Executive Center Drive

Columbia, SC 29210

(Mailing address: Post Office Box 11649, Columbia, SC 29211)

Office # (803) 896-5100 - Fax # (803)-896-5199

CLASS C - CHARTER

DATE 5-22, 2009APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND
NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Eagle Limousine & Transportation, LLC.

2. (a) Street Address of Applicant 183 Trojan Lane

Forest City, NC 28043

- (b) Mailing address, if different from street address

Same as above

- (c) Telephone Number 866-258-8801 Fed ID # 828-248-3509

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)

4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

Patricia G. McDuffie, Manager, 10615 Featherstone Dr.,
Ft. Washington, MD 20744Arnold Washington, Asst Manager, 183 Trojan Lane
Forest City, NC 28043

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.

6. The proposed list of equipment is as per Exhibit "D" included herewith.



NORTH CAROLINA

Department of The Secretary of State

To all whom these presents shall come, Greetings:

I, **ELAINE F. MARSHALL**, Secretary of State of the State of North Carolina, do hereby certify the following and hereto attached to be a true copy of

ARTICLES OF ORGANIZATION

OF

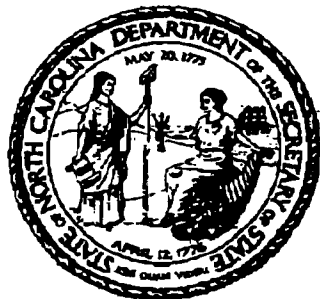
EAGLE LIMOUSINE & TRANSPORTATION, LLC

the original of which was filed in this office on the 1st day of August, 2007.

RECEIVED

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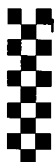
PSC SC
DOCKETING DEPT



IN WITNESS WHEREOF, I have hereunto
set my hand and affixed my official seal at the
City of Raleigh, this 1st day of August, 2007

Elaine F. Marshall

Secretary of State



SOSID: 0993199

Date Filed: 8/1/2007 8:39:00 AM

Elaine F. Marshall

North Carolina Secretary of State

C200721200321

**State of North Carolina
Department of the Secretary of State**

**Limited Liability Company
ARTICLES OF ORGANIZATION**

Pursuant to §57C-2-20 of the General Statutes of North Carolina, the undersigned does hereby submit these Articles of Organization for the purpose of forming a limited liability company.

1. The name of the limited liability company is: EAGLE LIMOUSINE & TRANSPORTATION, LLC
2. If the limited liability company is to dissolve by a specific date, the latest date on which the limited liability company is to dissolve: *(If no date for dissolution is specified, there shall be no limit on the duration of the limited liability company.)* PERPETUAL
3. The name and address of each person executing these articles of organization is as follows:
(State whether each person is executing these articles of organization in the capacity of a member, organizer or both. Note: This document must be signed by all persons listed here).
Lamont W. Jones, Organizer
2711 Centerville Road, Suite 400
Wilmington, DE 19808
4. The street address and county of the initial registered office of the limited liability company is:

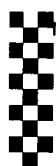
Number and Street 327 Hillsborough Street

City, State, Zip Code Raleigh, NC 27603 County Wake
5. The mailing address, *if different from the street address*, of the initial registered office is:
6. The name of the initial registered agent is: Corporation Service Company
7. Principal office information: *(Select either a or b.)*
 - a. ☒ The limited liability company has a principal office.

The street address and county of the principal office of the limited liability company is:

Number and Street 183 Trojan Lane
City, State, Zip Code Forest City, NC 28043 County RUTHERFORD

The mailing address, *if different from the street address*, of the principal office of the corporation is:
 - b. ☐ The limited liability company does not have a principal office.



8. Check one of the following:

☒ (i) *Member-managed LLC*: all members by virtue of their status as members shall be managers of this limited liability company.

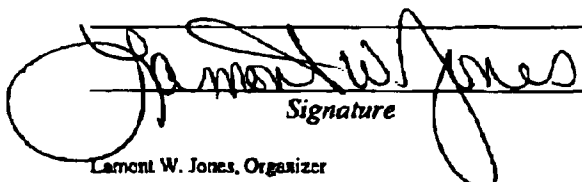
☐ (ii) *Manager-managed LLC*: except as provided by N.C.G.S. Section 57C-3-20(a), the members of this limited liability company shall not be managers by virtue of their status as members.

9. Any other provisions which the limited liability company elects to include are attached.

10. These articles will be effective upon filing, unless a date and/or time is specified:

Upon Filing

This is the ____ day of _____, 20____.


Signature
Lamont W. Jones, Organizer
Type or Print Name and Title

NOTES:

1. Filing fee is \$125. This document must be filed with the Secretary of State.

CORPORATIONS DIVISION
(Revised January 2002)

P.O. Box 29622

Instructions for Filing

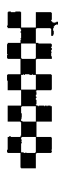
RALEIGH, NC 27626-0622
(Form L-01)



List the names and addresses of the initial members of the limited liability company:

PATRICIA A MCDUFFIE
10615 FEATHERSTONE DR
FORT WASHINGTON MD 20744

ARNOLD WASHINGTON
183 TROJAN LANE
FOREST CITY NC 28043



7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month: May Year: 2009

Assets:	
Cash	1,500.00
Receivables	
Real Estate	
Buildings and Equipment-Net	2,000.00
Motor Vehicles-Net	74,000.00
Garage Equipment-Net	
Machinery and Tools-Net	
Supplies on Hand	
Prepays and Other Assets	
Total Assets	\$77,500.00
Liabilities and Equity:	
Accounts Payable	Credit Card 7,324.50
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	
Capital Stock	
Retained Earnings	
Total Equity	
Total Liabilities and Equity	\$7,324.50

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

I, Arnold Washington, Assistant Manager
(Name of Applicant's Representative) (Title)

of Eagle Limousine & Transportation, LLC the Applicant for the Certificate of Public
(Applicant)

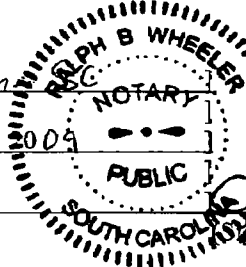
Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.

SWORN TO BEFORE ME

At 303 S. Alabama Ave Chesnut

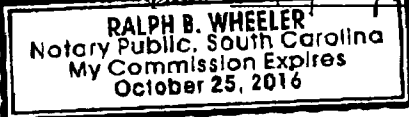
This the 4 day of June

[Signature]
(Notary Public)



[Signature]
(Signature of Applicant's Representative)

Commission Expires 10/25/2016



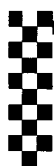


EXHIBIT C

CLASS C CHARTER

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant Eagle Limousine & Transportation, LLC

For the transportation of passengers as follows:

Area to be served: State WideNumber of passengers: 15Fares: Maximum Rate \$500.00 per hourDate 5-22-09Arnold Washington
ByAssistant Manager
Title

Rev.10/03



EXHIBIT D

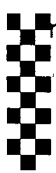
PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

DESCRIPTION OF EQUIPMENT

YEAR	MODEL & MAKE	VIN #	WEIGHT EMPTY	CARRYING CAPACITY *
(1) 2002	GMC YUKON XL	(3GKFK16Z32G24 8021)	7000	7
(2) 2000	Lincoln Sedan	(1LNHM83W6YY 805922)	5388	6
(3) 2006	Lincoln Sedan Limo	(1LNHM81V56 Y619808)	5730	12

* Seats if passenger carrier.

Date: 5-22-09Eagle Limousine & Transportation, LLC
(Applicant)Arnold Washington
(Applicant's Representative)Assistant Manager
(Title)

**INSURANCE QUOTE**

The following insurance quote is for:

Eagle Limousine & Transportation LLC

(Name of Motor Carrier)

183 Trojan Lane Forest City, NC 28043

(Address of Motor Carrier)

Amount of Premium: \$4883.00

Liability Insurance \$1,500,000.

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

1 - 7 passengers	-	25,000/50,000/25,000
8 - 15 passengers	-	25,000/100,000/25,000

Universal Insurance Company

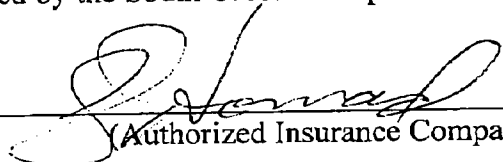
(Insurance Company Name)

PO Box 25687 Winston Salem, NC 27114-5687

(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

5-26-09
Date


(Authorized Insurance Company Representative)

Rev 5/07

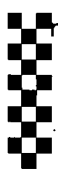


EXHIBIT FWA

Name: Eagle Limousine & Transportation, LLC

Address: 183 Trojan Lane Forest City, NC

Telephone No. 866-288-8801 Fax No. 828-248-1549

U.S.D.O.T. No. _____ ICC No. _____

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

Yes _____ No ✓ Pending _____ (Submit when received)
(If "yes", indicate rating and provide copy) Satisfactory _____
Conditional _____
Unsatisfactory _____

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

Yes _____ No ✓

3. Are there currently any outstanding judgment (s) against Applicant?

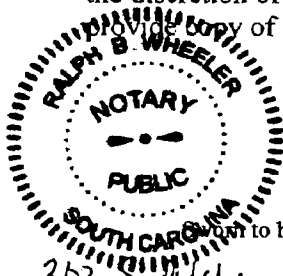
Yes _____ No ✓
(If "yes", indicate nature of judgment(s).)

4. Is Applicant familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina and does applicant agree to operate in compliance with these statutes and regulations?

Yes ✓ No _____

5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

Yes ✓ No _____
(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.)



Arnold Washington
(Applicant's Signature)

At 363 S. Alabama Ave

This 4 day of June, 2009

RBW
(Notary Public)
Commission Expires: 10/25/2016

